Introduction: Mental disorders constitute a growing public health and economic challenge across the European Union. Conditions such as depression, anxiety, and severe psychiatric illnesses are increasingly prevalent, especially among working-age populations. While their clinical and societal impact is well documented, their economic consequences are often underestimated in health policy planning. Understanding the scale and composition of this burden is essential for effective resource allocation and strategic health system design.
Objectives: This study aims to assess the total economic burden of mental health disorders across EU member states using existing international data. Specifically, it seeks to quantify both direct and indirect costs, evaluate cross-country differences, and highlight the policy implications for national mental health strategies.
Methods: This investigation is based on data sourced from international institutions including the OECD, WHO Europe, and Eurostat, as well as published studies between 2015 and 2025. A narrative synthesis approach was employed to consolidate data on the financial impact of mental health disorders in EU countries. The economic burden was disaggregated into direct costs (hospitalization, pharmaceuticals, outpatient care) and indirect costs (productivity loss, early retirement, and disability). Data were analyzed comparatively to reflect both absolute expenditures and burden as a percentage of national GDP.
Results: The analysis shows considerable variation in the economic burden of mental disorders across the EU. Germany bears the highest cost, at approximately €125 billion annually, followed by France (€100B), Italy (€90B), and Spain (€75B), in line with prior European estimates. In all countries, indirect costs (such as productivity loss, early retirement and disability) exceed direct healthcare costs, accounting for 60% to 70% of the total burden. In Greece, for example, indirect costs reach 70%, reflecting broader EU patterns. As a share of GDP, the burden ranges from 3.5% to 4.5%, with Germany at the upper end, underscoring the economic significance of mental health.
Conclusions: Mental health disorders represent a major economic burden for EU member states, with indirect costs consistently surpassing direct healthcare spending. Despite their scale, mental health expenditures remain underprioritized in many national health budgets. These findings support the urgent need for expanded investment in prevention, early intervention, and rehabilitation services. From an economic perspective, improving mental health is not only a public health priority but a strategic investment in productivity and social stability across the European Union.

Disclosure of Interest: None Declared

EPV876

Ethical Tensions in FAA Mental Health Policies for Aspiring Hobbyist Pilots

M. Hurta[1], E. M. Jetter[1]*, T. Waldmann[1] and B. Carr[2]

[1]College of Medicine and [2]Department of Psychiatry, University of Florida , Gainesville , United States
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11643

Introduction: In the United States (U.S.), mental health management for aspiring hobbyist pilots presents a complex ethical landscape where individual well-being intersects with public safety and regulatory compliance. The U.S.Federal Aviation Administration's (FAA) policies on psychiatric conditions impose strict reporting requirements that can create conflicts between personal treatment decisions and regulatory oversight.
Objectives: This work explores the ethical tensions embedded in U.S. FAA mental health policies. Through the lens of autonomy, utilitarianism, and deontological ethics, we analyze how these principles shape the regulatory framework, highlight the consequences for aspiring pilots, and propose ethically balanced policy recommendations.
Methods: We conducted a critical ethical analysis of U.S. FAA policies through the lens of three foundational ethical theories. Illustrative real-world cases were used to demonstrate practical dilemmas faced by aspiring pilots with depressive symptoms who sought treatment while attempting to comply with or circumvent FAA regulations.
Results: Both cases revealed ethical conflicts between effective treatment and regulatory compliance. One aspiring pilot, a middle-aged physician with dysthymia, declined antidepressants despite his psychiatrist's recommendation and pursued transcranial magnetic stimulation (TMS) to avoid disclosure; his mood remained low and suicidal thoughts developed. He eventually accepted SSRI therapy, disclosed his treatment and obtained certification. Another professional with newonset major depression similarly selected TMS to bypass reporting requirements; his depressive symptoms persisted until he began cognitive behavioral therapy and disclosed his condition. These cases demonstrate how rigid policies incentivize treatment invisibility over clinical efficacy, creating perverse incentives that may compromise both health outcomes and safety.
Conclusions: U.S. FAA mental health policies highlight the tension between safeguarding public safety and respecting individual mental health needs. The cases underscore the ethical complexity of treatment choices when disclosure risks personal goals. We propose adaptive mental health criteria, collaborative oversight and confidential support systems to reduce perverse incentives. A more nuanced regulatory framework is needed to balance public safety with ethically robust, compassionate care.

Disclosure of Interest: None Declared

EPV877

Involuntary Commitment and Treatment in the Nordic Countries: A Comparative Analysis

G. Mijaljica[1,2]

[1]St Charles Hospital, Central and North West London NHS Foundation Trust, London, United Kingdom and [2]Transcultural Centre, Region Stockholm, Stockholm, Sweden
doi: 10.1192/j.eurpsy.2026.11642

Introduction: Involuntary commitment to a psychiatric institution is regulated by national legislation and entails particular scrutiny, as it involves, among other concerns, the deprivation of liberty. Although there is broad consensus that involuntary commitment and treatment should be kept to a minimum, research indicates relatively high rates of such practices in some Nordic countries. Furthermore, legislation governing involuntary commitment and treatment shows considerable variation, even within the Nordic region.

https://doi.org/10.1192/j.eurpsy.2026.11642 Published online by Cambridge University Press

Objectives: This comparative analysis examines the key aspects of legislation on involuntary commitment and treatment in Denmark and Greenland, Finland, Norway, Sweden, and Iceland.
Methods: Laws regulating involuntary commitment and treatment in the Nordic countries were identified and analysed with a focus on key definitions and provisions concerning consent and capacity, deprivation of liberty, involuntary treatment and interventions, judicial and other review mechanisms, and community treatment orders.
Results: While there are similarities in core legal definitions and procedures, substantial differences remain - for example, in the formal decision-making process regarding deprivation of liberty, the initiation of involuntary treatment, and the mechanisms of legal and judicial review.
Conclusions: These differences, particularly in definitions, decision-making processes, and review mechanisms, suggest that common values are implemented in diverse ways, raising important questions about ethics, rights protection, and best practices. Further research is needed to better understand the ethical and legal aspects of these processes, as well as the cultural dimensions that may contribute to different approaches to involuntary commitment.

Disclosure of Interest: None Declared

EPV878

Health professionals` attitudes on smoking and cessation policies in forensic psychiatric hospitals

H. Ryynänen[1], P. Sandström[1], H. Anthoni[1], S. Eskelinen[2], J. Niemi[3]*, E. Kivilinna[3], P. Korhonen[4], N. Tusa[4] and T. Vasankari[1,5]

[1]Finnish Lung Health Association; [2]Psychiatry, University of Helsinki and Helsinki University Hospital, Helsinki; [3]Vanha Vaasa Hospital, Vaasa; [4]Niuvanniemi Hospital, Kuopio and [5]Respiratory diseases and allergology, Turku University, Turku, Finland
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11641

Introduction: Smoking is highly prevalent among patients with severe mental illnesses. Even though smoking cessation is known to improve both physical and mental health, smoking remains highly prevalent in Finnish psychiatric hospitals, while local policies and practices often fail to place sufficient emphasis on this. This study was conducted as a part of the Joint Action Prevent Non-Communicable Diseases -project (JA PreventNCD).
Objectives: The aim of the study was to explore mental health personnel's attitudes on the challenges and opportunities related to current smoking policies, and cessation practices, in two forensic psychiatric hospitals in Finland, which are the only state mental hospitals in the country.
Methods: Data was collected from psychiatry personnel (health professionals) with an online survey during February and March 2025. Questions (open, multiple choice, numeric rating scale 1-10) included self-evaluation of attitudes, smoking cessation skills, smoking policies, and opinion on smoke/nicotine free psychiatric hospitals.
Results: In total, 163 Health professionals answered the survey (response rate 25 %). Respondents rated the importance of cessation work on the numeric scale at 7.1, and skills in cessation support at 5.9 (image 1). Most respondents reported bringing up the use of nicotine products with their patients during their hospitalization quite regularly or always (89 %), but e.g. use of smoking dependency evaluation tests was uncommon (11 %). Main cessation methods used were individual counselling (68 %) and use of nicotine replacement therapy-products and/or prescription medicines (85 %) (image 2). While 77% saw smoke-free psychiatric hospitals as feasible in the future, only 53% believed that completely nicotine-free hospitals would be possible (image 3).

Image 1:

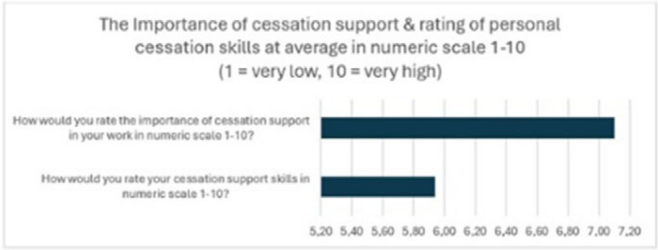


Image 2:

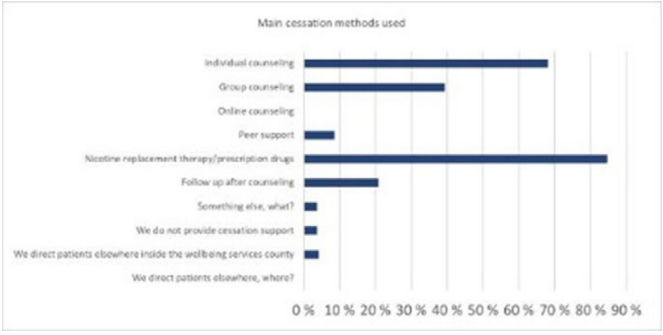
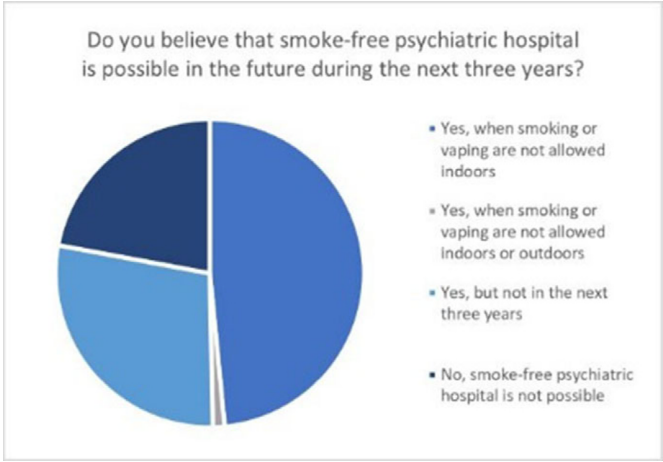


Image 3:



Conclusions: Although psychiatric hospital staff recognize the importance of supporting patients in smoking cessation, they often